

EXHIBIT P

Inmate Request Form dated 11/28/03

COOSA COUNTY JAIL INMATE REQUEST FORM

NOTE: PLEASE PRINT ALL INFORMATION

NAME: Daniel Bryan Kelly CELL: 203-B
DATE: Nov 28-03 TIME: 3:30

Please check one of the following:

Medical Commissary Grievance Other

Briefly state your request or list your commissary items below"

I need to see Dr James & get my scrubs & Gumpal or Dr Vacancy cause my foot still hurts pretty bad.

Inmate's signature

Do not write below—for reply only

Meds Delivered 11/28/03
A/S

Signature of Jail Officer receiving original request:

EXHIBIT Q

Crew Drugs Medical Records

CREW DRUG STORE
MAIN STREET
ROCKFORD AL 35136
Phone: 256-377-4960

Patient: KELLEY, DANIEL BRYAN
P O BOX 10
ROCKFORD AL 35136 0000
DOB: 06/17/1971

Patient IRS/Insurance Summary For The Period 1/01/03 Thru 11/29/07.

Rx Number Order.

Drug Name	RDC Number	Ex	R/R	Date	PP	Qty	DS	Doctor	RABP	DEA	Price	Tax	Copay
CLONAZEPAM 2MG TA 00093083401	212800	N	11/26/03	C		28	14	WEAVER, R 0109404	BW2768022		41.39	.00	41.39 GENERIC
CLONAZEPAM 2MG TA 00093083401	212800	R01	12/09/03	C		28	14	WEAVER, R 0109404	BW2768022		41.39	.00	41.39 GENERIC
CLONAZEPAM 2MG TA 00093083401	212800	R02	12/26/03	C		32	16	WEAVER, R 0109404	BW2768022		41.39	.00	41.39 GENERIC
CLONAZEPAM 2MG TA 00093083401	212800	R03	01/06/04	C		14	7	WEAVER, R 0109404	BW2768022		24.29	.00	24.29 GENERIC
NEURONTIN 300MG C 00071080524	212801	N	11/26/03	C		42	14	WEAVER, R 0109404	BW2768022		67.79	.00	67.79
NEURONTIN 300MG C 00071080524	212801	R01	12/09/03	C		42	14	WEAVER, R 0109404	BW2768022		67.79	.00	67.79
NEURONTIN 300MG C 00071080524	212801	R02	12/26/03	C		48	16	WEAVER, R 0109404	BW2768022		76.59	.00	76.59
NEURONTIN 300MG C 00071080524	212801	R03	01/06/04	C		42	14	WEAVER, R 0109404	BW2768022		67.79	.00	67.79
ZYPREXA 5 MG TAB 00002411560	212802	N	11/26/03	C		14	14	WEAVER, R 0109404	BW2768022		95.70	.00	95.70
ZYPREXA 5 MG TAB 00002411560	212802	R01	12/09/03	C		14	14	WEAVER, R 0109404	BW2768022		95.70	.00	95.70
ZYPREXA 5 MG TAB 00002411560	212802	R02	12/26/03	C		16	16	WEAVER, R 0109404	BW2768022		109.38	.00	109.38
PHENOBARBITA 60MG 63304074301	212803	N	11/26/03	C		28	14	WEAVER, R 0109404	BW2768022		14.99	.00	14.99 GENERIC
PHENOBARBITA 60MG 63304074301	212803	R01	12/09/03	C		38	14	WEAVER, R 0109404	BW2768022		14.99	.00	14.99 GENERIC
PHENOBARBITA 60MG 63304074301	212803	R02	12/26/03	C		32	16	WEAVER, R 0109404	BW2768022		14.99	.00	14.99 GENERIC
PHENOBARBITA 60MG 63304074301	212803	R03	01/06/04	C		28	14	WEAVER, R 0109404	BW2768022		14.99	.00	14.99 GENERIC
SEROQUEL 200MG TA 00310027210	212823	N	11/28/03	C		42	14	WEAVER, R 0109404	BW2768022		264.49	.00	264.49
SEROQUEL 200MG TA 00310027210	212823	R01	12/09/03	C		42	14	WEAVER, R 0109404	BW2768022		264.49	.00	264.49
SEROQUEL 200MG TA 00310027210	212823	R02	12/26/03	C		48	16	WEAVER, R 0109404	BW2768022		281.00	.00	281.00
SEROQUEL 200MG TA 00310027210	212823	R03	01/06/04	C		42	14	WEAVER, R 0109404	BW2768022		264.49	.00	264.49
METHOCARBAMO 750M 00781175001	213177	N	12/12/03	C		28	7	JAMES, JO 0109404	AJ5646510		45.69	.00	45.69 GENERIC
METHOCARBAMO 750M 00781175001	213177	R01	01/02/04	C		28	7	JAMES, JO 0109404	AJ5646510		45.69	.00	45.69 GENERIC
METHOCARBAMO 750M 00781175001	213177	R02	01/12/04	C		28	7	JAMES, JO 0109404	AJ5646510		45.69	.00	45.69 GENERIC
ZYPREXA 10MG TAB 00002411760	213623	N	01/02/04	C		28	14	JAMES, JO 0109404	AJ5646510		269.49	.00	269.49
ZYPREXA 10MG TAB 00002411760	213623	R01	01/15/04	C		28	7	JAMES, JO 0109404	AJ5646510		269.49	.00	269.49
HYDROXYZINE 25MG 00591552310	213691	N	01/07/04	C		40	7	JAMES, JO 0109404	AJ5646510		32.69	.00	32.69 GENERIC
NORTRIPTYLIN 50MG 00591578801	215258	N	03/08/04	C		14	14	HAMO, WAE 0109404	BH4031073		54.39	.00	54.39 GENERIC
NORTRIPTYLIN 50MG 00591578801	215258	R01	03/22/04	C		14	14	HAMO, WAE 0109404	BH4031073		28.89	.00	28.89 GENERIC
NORTRIPTYLIN 50MG 00591578801	215258	R02	04/05/04	C		14	14	HAMO, WAE 0109404	BH4031073		28.89	.00	28.89 GENERIC
NORTRIPTYLIN 50MG 00591578801	215258	R03	04/19/04	C		14	14	HAMO, WAE 0109404	BH4031073		28.89	.00	28.89 GENERIC
CEFUROXIME 500MG 63304075220	217270	N	05/28/04	C		20	10	LAW, VINC 0109404	BL5525297		79.97	.00	79.97 GENERIC
GPN/PHEYLEPHRINS 60258026901	217271	N	05/28/04	C		20	10	LAW, VINC 0109404	BL5525297		16.79	.00	16.79 GENERIC

Total Rx's 31 Total Price 2,810.19 Patient Copay 2,810.19

Pharmacist signature: 

EXHIBIT R

Inmate Request Form dated 11/29/03

COOSA COUNTY JAIL INMATE REQUEST FORM

NOTE: PLEASE PRINT ALL INFORMATION

NAME: Donald Bryan Kelley CELL: 203-B
DATE: Nov 29 - 03 TIME: 10:25

Please check one of the following:

Medical Commissary Grievance Other

Briefly state your request or list your commissary items below"

I need to see Dr James so they can get my med straight and I may go to a rehab we have found, a month program but we hasn't available to talk to Ricky Davis

I need to see Ricky Davis,

Inmate's signature Donald Bryan Kelley

Do not write below—for reply only

Med prescribed by Dr Walker - you have to go through the court system for repeat

Signature of Jail Officer receiving original request:

11/29/03
AR

EXHIBIT S

Inmate Request Form dated 11/30/03

COOSA COUNTY JAIL INMATE REQUEST FORM

NOTE: PLEASE PRINT ALL INFORMATION

NAME: Daniel Bryan Kelley CELL: 203-73
DATE: Nov 30 - 03 TIME: 2:35

Please check one of the following:

Medical Commissary Grievance Other

Briefly state your request or list your commissary items below"

I need to see Dr. Janis my
foot still hurts & my back by the
doctor at Benjamin Russell Hospital get a
shot for me to see the doctor as
soon as possible.

Inmate's signature _____

Do not write below—for reply only

Dr. Michelle Goldhagen did not advise INMATE BRYAN
KELLEY THAT HE NEEDED TO GO TO SEE DR. JANES.
She advised him that his foot was sprained and that
he needed to elevate it at night, and they did put
a wrap on it. She also advised him to take tylenol for any pain.

Signature of Jail Officer receiving original request:

KSH 12/1/03

EXHIBIT T

Inmate Request Form dated 12//01/03

COOSA COUNTY JAIL INMATE REQUEST FORM

NOTE: PLEASE PRINT ALL INFORMATION

NAME: Dwight Bryan Kelley CELL: 203-B
DATE: Dec. 1 - 2003 TIME: 5:00 AM

Please check one of the following:

Medical Commissary Grievance Other

Briefly state your request or list your commissary items below"

I would like to see Dr. James
cause my foot is going to have
to have surgery to fix those ligaments
& it hurts all night long. I
want to speak to Vicki Davis
as soon as possible & I am having to
The lower back where it hurts please

Inmate's signature

Do not write below—for reply only

Dr. Goldthagen at RMC told inmate Kelley that his
foot was fine it was just sprained. She wrapped it
and told him to keep it elevated, and take tylenol.

Signature of Jail Officer receiving original request: XSH 12/1/03
~~The Dr. X-rayed Inmate Kelley's foot and found~~
~~No damage to his foot.~~

EXHIBIT U

Inmate Request Form dated 12/02/03

COOSA COUNTY JAIL INMATE REQUEST FORM

NOTE: PLEASE PRINT ALL INFORMATION

NAME: Daniel Bryan Kelley CELL: 203-B
DATE: Dec 2 TIME: 6:35

Please check one of the following:

Medical Commissary Grievance Other

Briefly state your request or list your commissary items below"

I need to see Dr. James right. The ER place I need to speak to Dr. Owens.

Inmate's signature Daniel Bryan Kelley

Do not write below—for reply only

Signature of Jail Officer receiving original request:

COOSA COUNTY JAIL INMATE REQUEST FORM

NOTE: PLEASE PRINT ALL INFORMATION

NAME: Daniel Bryan Kelley CELL: 203-B

DATE: Dec 2 - 03 TIME: _____

Please check one of the following:

Medical Commissary Grievance Other

Briefly state your request or list your commissary items below"

I Would Like To Speak To
Ricki Davis & see Dr James
For my foot & Lower Back

Inmate's signature _____

Do not write below—for reply only

Signature of Jail Officer receiving original request:

EXHIBIT V

Inmate Request Form dated 12/03/03

**COOSA COUNTY JAIL
INMATE REQUEST FORM**

NOTE: PLEASE PRINT ALL INFORMATION

NAME: Dwight Brown Kelley CELL: 223-8
DATE: Mar - 3-83 TIME: 3:23

Please check one of the following:

Medical Commissary Grievance Other

Briefly state your request or list your commissary items below:

McD TO TALK TO BKK COUNCIL
DON'T ASK SFTMS

Inmate's signature

Do not write below—for reply only

Noted, Sheriff was notified 12/8/03 KSH

Signature of Jail Officer receiving original request:

COOSA COUNTY JAIL INMATE REQUEST FORM

NOTE: PLEASE PRINT ALL INFORMATION

NAME: Darrel Bryan Kelly CELL: 203-B
DATE: Dec 3-03 TIME: 3:12

Please check one of the following:

Medical Commissary Grievance Other

Briefly state your request or list your commissary items below"

Want to see the Doctor
my foot still has something
sticking out the side of it

Inmate's signature _____

Do not write below—for reply only

I will check with inmate Kelly on his foot and see
if the wrap that the ER put on it needs changing.
X-Rays were taken at Russell ER. Everything was O.K.

Signature of Jail Officer receiving original request:

KSL
12/8/03